

**United States Bankruptcy Court
Northern District of California**

In re **Leobardo Pasarin**

Debtor(s)

Case No. **12-53930**

Chapter **13**

**AMENDED
DECLARATION CONCERNING DEBTOR'S SCHEDULES**

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing document(s), consisting of **1** page(s), and that they are true and correct to the best of my knowledge, information, and belief.

First Amended Schedule F

Date 09/14/2012

Signature **/s/ Leobardo Pasarin**

Leobardo Pasarin

Debtor

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.

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Debtor

SECOND AMENDED SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xxxx0341						
AT&T Enhanced Recovery Co L 8014 Bayberry Rd Jacksonville, FL 32256	-					115.00
Account No. xxxx8181						
Enhanced Recovery Co L 8014 Bayberry Rd. Jacksonville, FL 32256	-					31.00
Account No. xxxx xxxx xxxxxx 2106						
Franchise Tax Board P.O Box 2952 Sacramento, CA 95812	-					8,426.68
Account No. xxxx xxxx xxxxxx 2106						
Internal Revenue Services P.O Box 7346 Philadelphia, PA 19101	-					300.00
Subtotal (Total of this page)						8,872.68

1 continuation sheets attached

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Debtor

SECOND AMENDED
SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
 (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E	D E B T O R	H U S B A N D / W I F E / J O I N T / C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. xx2638				Opened 4/10/06				45.00
Pg&E P.O. Box 8329 Stockton, CA 95208			-	Consumer Debt				
Account No.								
Account No.								
Account No.								
Account No.								
Account No.								
Subtotal (Total of this page)								45.00
Total (Report on Summary of Schedules)								8,917.68

Sheet no. 1 of 1 sheets attached to Schedule of
 Creditors Holding Unsecured Nonpriority Claims

ADDED CREDITORS

Franchise Tax Board
P.O Box 2952
Sacramento, CA 95812

Internal Revenue Services
P.O Box 7346
Philadelphia, PA 19101

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PROOF OF SERVICE BY MAIL

I, Jennifer Castillo, declare that I am a resident of or employed in the County of Los Angeles, State of California. *My address is 15501 San Fernando Mission Boulevard, Suite 110, Mission Hills, CA 91345.* I am over the age of eighteen years of age and am not a party to this case.

On September 14, 2012, I served the *First Amended Schedule F* on the parties listed below, by placing true and correct copies thereof enclosed in a sealed envelope with postage thereon fully prepaid, in the United States Mail at Mission Hills, addressed as follows:

SERVICE LIST

United States Bankruptcy Court

280 South First St.,
San Jose, CA 95113
Attn: Honorable Stephen L. Johnson

Chapter 13 Trustee

Devin Derham-Burk
P.O. Box 50013
San Jose, CA 95150-0013

Franchise Tax Board
P.O Box 2952
Sacramento, CA 95812

Internal Revenue Services
P.O Box 7346
Philadelphia, PA 19101

I declare under penalty of perjury that the foregoing is true and correct, and that this declaration was executed on September 14, 2012.

/s/ Jennifer Castillo

Jennifer Castillo